## Best Available Copy

| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29, 1999 |  |                      |                                 |                                    |                |  |                                       |        |                 |                        |                  |                     |                        |
|--|--|----------------------|---------------------------------|------------------------------------|----------------|--|---------------------------------------|--------|-----------------|------------------------|------------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |                      |                                 |                                    |                |  |                                       |        | MALL<br>YPE     | ENTITY                 | OR               | OTHER<br>SMALL      |                        |
| FC   | DR   |                      | NUMBER FILED                    |                                    |                | NUMBER EXTRA                               |                                       |        | ATE             | FEE                    | 1                | RATE                | FEE                    |
| ВА   | SIC FEE  |                      |                                 |                                    |                |  |                                       |        |                 | 345.00                 | OR               |                     | 690.00                 |
| TC   | TAL CLAIMS   |                      | 8                               | minus :                            | 20=            | *  | X                                     | X\$ 9= |                 | OR                     | X\$18=           |                     |                        |
| INDEPENDENT CLAIMS   |  |                      | minus 3 =                       |                                    |                | . /  |                                       |        | (39=            | 1                      | OR               | X78=                | 78                     |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |                      |                                 |                                    |                | 120  |                                       | 1 1    | 000             | , ,                    |                  |                     |                        |
| * If   | * If the difference in column 1 is less than zero, enter "0" in column 2 |                      |                                 |                                    |                |  |                                       |        | +130=           |                        | OR               | +260=               |                        |
|  |  |                      |                                 |                                    |                |  |                                       | TC     | DTAL            | <u></u>                | OR               | TOTAL               | 168                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |                      |                                 |                                    |                |  | SN                                    | /ALL   | ENTITY          | OR                     | OTHER<br>SMALL E |                     |                        |
| AMENDMENT A  | 1/25/03  | REM<br>AF            | AIMS<br>AINING<br>TER<br>IDMENT |                                    | PF             | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                      | R      | ATE             | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE |
| N  | Total  | *                    | 9                               | Minus                              | **             | 20   | =                                     | X      | \$ 9=           |                        | OR               | X\$18=              |                        |
| AME  | Independent<br>FIRST PRESEN  | *                    | A OF MI                         | Minus                              | ***            | ENT CLAIM                                  | = /                                   | Х      | 39=             |                        | OR               | X78=                |                        |
|  | TINOTT NEGET   | TATIC                | OF IVIC                         | JETIFLE DEF                        | EINL           | JENT CLAIM                                 |                                       | +1     | 30=             |                        | OR               | +260=               |                        |
|  |  |                      |                                 |                                    |                |  |                                       |        | TOTAL<br>T. FEE |                        | OR ,             | TOTAL<br>ADDIT. FEE |                        |
|  | 1/2  |                      | umn 1)                          |                                    | (0             | Column 2)                                  | (Column 3)                            | ADDI   | II. FCC         |                        | ,                | ADDII. FEE          |                        |
| NOMENT B   | 11/5/10  | REM<br>AF            | AIMS<br>AINING<br>TER<br>IDMENT |                                    | PF             | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                      | R      | ATE             | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDN  | Total  | * [                  |                                 | Minus                              | **             | 20   | =                                     | X      | \$ 9=           |                        | OR               | X\$18=              |                        |
| AMEN   | Independent<br>FIRST PRESEN  | * Z                  | ON OF MU                        | Minus<br>JLTIPLE DEF               | PEND           | DENT CLAIM                                 | = /                                   | X      | 39=             |                        | OR               | <del>-X78≡</del>    | 86                     |
|  |  |                      |                                 |                                    |                |  |                                       | +1     | 30=             |                        | OR               | +260=               |                        |
|  | dolar  |                      |                                 |                                    |                |  |                                       |        | TOTAL<br>T. FEE |                        | OR               | TOTAL<br>ADDIT. FEE | \$ 86 p                |
|  | 4504   |                      | umn 1)<br>AIMS                  | <u> </u>                           |                | Column 2)<br>HIGHEST                       | (Column 3)                            |        |                 |                        |                  |                     |                        |
| AMENDMENT &  |  | REM.<br>AF           | AINING<br>TER<br>IDMENT         | i .                                | Pf             | NUMBER<br>REVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA                      | R      | ATE             | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON  | Total  | * [                  | '                               | Minus                              | **             | 20   | =                                     | X      | \$ 9=           |                        | OR               | X\$18=              |                        |
| AME  | Independent  | * 4                  | 5                               | Minus                              | **             |  | =                                     | X      | 39=             |                        |                  | X78=                |                        |
| _  | FIRST PRESEN   | NTATIC               | N OF MU                         | JLTIPLE DEI                        | PEND           | DENT CLAIM                                 | /                                     | -      |                 |                        | OR               | -                   | -                      |
| • [  | f the entry in colum   | nn 1 is le           | ess than th                     | ne entry in colu                   | mn 2           | . write "0" in co                          | lumn 3                                |        | 30=             |                        | OR               | +260=               |                        |
| ***  | If the "Highest Num<br>If the "Highest Num<br>The "Highest Numb          | nber Pre<br>nber Pre | eviously Pa<br>eviously Pa      | aid For" IN THI<br>aid For" IN THI | S SP.<br>S SP. | ACE is less tha<br>ACE is less tha         | n 20, enter "20.'<br>.n 3, enter "3," | ADDI   | TOTAL T. FEE    | propriete boy          |                  | TOTAL<br>ADDIT. FEE |                        |

Best Available Copy
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

"cation or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                                   |                                       |                         |            |                                |                  |       | SMALL ENTITY TYPE : |                        |          | OTHER<br>SMALL E |                        |
|---|-----------------------------------|---------------------------------------|-------------------------|------------|--------------------------------|------------------|-------|---------------------|------------------------|----------|------------------|------------------------|
| ТО  | TAL CLAIMS                        | ,                                     |                         |            |                                |                  |       | RATE                | FEE                    |          | RATE             | FEE                    |
| FO  |                                   | 7                                     | NUMBER FI               | LED        | NUMBER EXTRA                   |                  |       | BASIC FEE           | 370.00                 | OR       | BASIC FEE        | 740.00                 |
|   | TAL CHARGEAE                      | SLE CLAIMS                            | . / minu                | ıs 20=     |                                |                  |       | X\$ 9=              |                        | OR       | X\$18=           |                        |
|   | EPENDENT CL/                      |                                       | <del>-/ ;</del>         | ust        | . /                            |                  | ł     | X42=                |                        | OR       | X84=             | SC                     |
|   |                                   |                                       |                         |            |                                |                  |       | 110                 |                        |          | ÷280=            |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |                                   |                                       |                         |            |                                |                  |       | +140=               |                        | OR       | TOTAL            | 816                    |
| * If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II |                                   |                                       |                         |            |                                |                  |       | SMALL E             | NTITY                  | OR<br>OR | OTHER<br>SMALL   | THAN                   |
| TA  | (Column 1) CLAIMS REMAINING AFTER |                                       | HIGH<br>NUM<br>PREVI    |            | mn 2)<br>HEST<br>MBER<br>OUSLY | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE             | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   |                                   | AMENDMENT                             | Minus                   | PAIL<br>** | FOR                            | =                |       | X\$ 9=              |                        | OR       | X\$18=           |                        |
| END   | Total<br>Independent              | * 45                                  | Minus                   | ***        |                                | =                |       | X42=                |                        | OR       | X84=             |                        |
| AM  | FIRST PRESE                       | NTATION OF M                          | ULTIPLE DEP             | ENDEN      | IT CLAIM                       |                  |       | 140                 |                        | 1        | +280=            |                        |
|   | 1                                 |                                       | ,                       |            |                                |                  |       | +140=               |                        | OR       | TOTAL            |                        |
|   |                                   |                                       |                         |            |                                |                  |       | ADDIT. FEE          |                        | OR       | ADDIT. FEE       |                        |
| <b>.</b>  |                                   | (Column 1)                            |                         |            | JMN 2)<br>HEST                 | (Column 3)       | 1     |                     | ADDI-                  | 1        |                  | ADDI-                  |
| 8<br>12<br>13   |                                   | CLAIMS REMAINING AFTER AMENDMENT      |                         | NU<br>PRE\ | MBER<br>VIOUSLY<br>D FOR       | PRESENT<br>EXTRA |       | RATE                | TIONAL<br>FEE          |          | RATE             | TIONAL<br>FEE          |
| AMENDMENT   | Total                             | * Minus                               |                         | ** =       |                                |                  |       | X\$ 9=              |                        | OR       | X\$18=           |                        |
| AENI  | Independent                       | *                                     | Minus                   | ***        |                                | =                |       | X42=                |                        | OR       | X84=             | <u> </u>               |
| \{\bar{\pi}   | FIRST PRESE                       | IULTIPLE DEF                          | PENDE                   | NT CLAIN   | Л []                           | ڶ                | +140= |                     | OR                     | +280=    |                  |                        |
|   |                                   |                                       |                         |            |                                |                  |       | TOTAL               |                        | OF       | TOTA             | AL .                   |
|   |                                   |                                       |                         |            |                                |                  |       | ADDIT. FEE          | L                      |          | ADDIT. PC        |                        |
|   |                                   | (Column 1)                            | 7 F 12 12 Y 7 K 13 TE 1 |            | lumn 2)<br>GHEST               | (Column 3        | 4     |                     | ADDI-                  | ٦ .      |                  | ADDI-                  |
| AMENDMENT C   |                                   | REMAINING AFTER AMENDMENT             |                         | PRE        | JMBER<br>VIOUSLY<br>ID FOR     | PRESENT<br>EXTRA |       | RATE                | TIONAL<br>FEE          | -        | RATE             | TIONAL<br>FEE          |
| NA F  | Total                             | *                                     | Minus                   | **         |                                | =                |       | X\$ 9=              |                        | OF       | X\$18:           | =                      |
| N L   | Independent                       | *                                     | Minus                   | ***        |                                | ]=               | 1     | X42=                |                        | OF       | X84=             | :                      |
|   | FIRST PRES                        | ENTATION OF                           | MULTIPLE DE             | PEND       | NT CLA                         | IM               |       | +140=               | 1                      | OF       | +280             | =                      |
|   | • If the entry in ∞               | luma 1 le loce than                   | the entry in co         | lumn 2. v  | write "0" in                   | column 3.        |       | TOTA                |                        |          | ` L              | AL                     |
|   | aa 16 kk a 81 liabaat N           | lumber Previousiv                     | Pale For it is          | 110 01 7 1 | JE 10                          |                  | 20.   | ADDIT. FE           | Ε                      |          | ADDIT. I         | EE                     |
|   | The "Highest Ni                   | lumber Previously<br>Imber Previously | Paid For (Total         | or Indep   | endent) is                     | the highest nun  | nber  | TOURG IN THE I      | thhiohirare.           | 20X III  | Julian 11        |                        |